

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 89/341,407		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
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36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
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44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	4		11				TOTAL IND.						
TOTAL DEP.	27		4				TOTAL DEP.						
TOTAL CLAIMS	31		5				TOTAL CLAIMS						